

**REPORT OF CERTIFIED ACDBE FORM
(CONCESSIONAIRES/SUBCONCESSIONAIRES/
SUPPLIERS/MANAGEMENT CONTRACTORS - COUNTED TOWARD GOALS)**

Name of Airport _____

Airport Sponsor _____

City/State/Zip _____

Preparer _____

Telephone Number _____

Date _____

List below each ACDBE that participated in a concession during the preceding fiscal year and which are included in your submission of the Uniform Report of ACDBE Participation. If no ACDBE firm participated, write "NONE" below.

Name of ACDBE Firm _____

Address _____

City _____ **State** _____ **Zip** _____

Type of concession/subconcession/supplier, etc., business _____

Date Agreement (i.e., lease, sublease) Began _____ **Date Agreement (i.e. lease, sublease) Expires** _____

Options to Renew _____ **How Many** _____ **Length of time** _____

Dates that material amendments have been or will be made to agreement, if known _____

Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ **Black** _____ **Hispanic** _____ **Native American** _____ **Asian-Indian American**

_____ **Asian-Pacific American** _____ **Non-Minority Woman** _____ **Other Disadvantaged**

Name of ACDBE Firm _____

Address _____

City _____ **State** _____ **Zip** _____

Type of concession/subconcession/supplier, etc., business _____

Date Agreement (i.e., lease, sublease) Began _____ **Date Agreement (i.e. lease, sublease) Expires** _____

Options to Renew _____ **How Many** _____ **Length of time** _____

Dates that material amendments have been or will be made to agreement, if known _____

Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ **Black** _____ **Hispanic** _____ **Native American** _____ **Asian-Indian American**

_____ **Asian-Pacific American** _____ **Non-Minority Woman** _____ **Other Disadvantaged**

Name of ACDBE Firm _____

Address _____

City _____ State _____ Zip _____

Type of concession/subconcession/supplier, etc., business _____

Date Agreement (*i.e., lease, sublease*) Began _____ Date Agreement (*i.e., lease, sublease*) Expires _____

Options to Renew _____ How Many _____ Length of time _____

Dates that material amendments have been or will be made to agreement, if known _____

Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ Black _____ Hispanic _____ Native American _____ Asian-Indian American

_____ Asian-Pacific American _____ Non-Minority Woman _____ Other Disadvantaged

Name of ACDBE Firm _____

Address _____

City _____ State _____ Zip _____

Type of concession/subconcession/supplier, etc., business _____

Date Agreement (*i.e., lease, sublease*) Began _____ Date Agreement (*i.e., lease, sublease*) Expires _____

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Estimated gross receipts for this reporting period: _____

The disadvantaged individual having the largest ownership interest is:

_____ Black _____ Hispanic _____ Native American _____ Asian-Indian American

_____ Asian-Pacific American _____ Non-Minority Woman _____ Other Disadvantaged

(Use additional sheets as needed)